

Representative Rebecca Chavez-Houck proposes the following substitute bill:

STATEWIDE STANDARDS FOR HEALTH CARE

INTERPRETING

2008 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Rebecca Chavez-Houck

Senate Sponsor: _____

LONG TITLE

General Description:

This bill requires the Department of Health to evaluate the effectiveness of health care interpreter services in the state and report to the Legislature.

Highlighted Provisions:

This bill:

- ▶ establishes an advisory committee within the Department of Health;
- ▶ includes a representative on the advisory committee from the Department of Human Services, the Department of Workforce Services, the Division of Occupational and Professional Licensing within the Department of Commerce and the Department of Rehabilitation;
- ▶ establishes the duties of the advisory committee, which include:
 - review the scope and use of health care interpreters in the state;
 - evaluate the state responsibility as defined by the federal Office of Civil Rights to monitor health care interpreter services;
 - identify user populations and outreach to user populations; and
 - develop professional standards for health care interpreters;
- ▶ requires the advisory committee to report to the Legislature by November 15, 2008



and by November 15, 2009; and

- repeals the advisory committee on January 1, 2010.

Monies Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

63-55b-126, as last amended by Laws of Utah 2007, Chapter 216

ENACTS:

26-1-38, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26-1-38** is enacted to read:

26-1-38. Duty to evaluate health care interpreter services and to develop a plan for effective health care interpreter services.

(1) (a) In addition to the duties listed in Section 26-1-30, the department shall by April 1, 2008, create an advisory committee to conduct a one year study and develop a two year plan of action in accordance with this section:

(b) In 2008 the advisory committee shall study and develop preliminary recommendations on the issues described in Subsection (2).

(2) The advisory committee shall:

(a) establish an appropriate definition of health care interpreter services which:

(i) includes services to people with limited English proficiency and people who are deaf or hard of hearing; and

(ii) appropriately incorporates the standards for interpretive services in the Office of Civil Rights regulations and guidelines;

(b) determine:

(i) the scope and use of health care interpreter services in the state;

(ii) the state responsibility to monitor the effectiveness of health care interpreter services under federal Office of Civil Rights guidelines; and

57 (iii) the need for outreach and education of health care interpreter user populations
58 including:

59 (A) notice to individuals with limited English proficiency of available health care
60 interpreter services; and

61 (B) increasing the use of health care interpreters by the Department of Human Services,
62 the Department of Workforce Services and the Department of Health when providing services
63 to limited English proficient individuals seeking health care related services or state aid;

64 (c) identify user populations for health care interpreter services; and

65 (d) develop professional standards for health care interpreter services.

66 (3) The advisory committee shall include one representative of:

67 (a) the department selected by the director of the department;

68 (b) the Department of Workforce Services selected by the director of the Department of
69 Workforce Services;

70 (c) the Department of Human Services selected by the director of the Department of
71 Human Services;

72 (d) the Division of Occupational and Professional Licensing within the Department of
73 Commerce selected by the director of the Department of Commerce;

74 (e) the Utah Multicultural Health Network;

75 (f) the State Office of Ethnic Affairs;

76 (g) the Ethnic Health Advisory Committee;

77 (h) the Department of Rehabilitation selected by the director of the Department of
78 Rehabilitation; and

79 (i) other members appointed by the department who represent health care interpreter
80 service user populations.

81 (4) (a) The department shall report to the Legislative Health and Human Services
82 Interim Committee no later than November 1, 2008.

83 (b) The report required shall include:

84 (i) the definitions and guidelines developed by the committee under Subsection (2)(a);

85 (ii) the advisory committee's preliminary recommendations to:

86 (A) improve effective use of health care interpreter services in the state Medicaid
87 program, the Children's Health Insurance Program, any applicable federally funded programs

that may be defined by the committee, and with health care providers in the state; and

(B) develop professional standards for and certification of health care interpreter services and interpreters.

(5) (a) The advisory committee shall provide a final report to the Legislative Health and Human Services Interim Committee no later than November 1, 2009.

(b) The report required by Subsection (5)(a) shall include:

(i) the committee's final recommendations or proposals for:

(A) improving health care interpreter services in the state; and

(B) developing professional standards for health care interpreters; and

(ii) a recommendation regarding whether the advisory committee should continue after December 2009.

(6) This section is repealed July 1, 2010.

Section 2. Section **63-55b-126** is amended to read:

63-55b-126. Repeal dates -- Title 26.

(1) Section 26-38-4 is repealed January 1, 2009.

(2) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance Program, is repealed July 1, 2017.

(3) Section 26-1-38 is repealed January 1, 2010.

H.B. 428 1st Sub. (Buff) - Statewide Standards for Health Care Interpreting

Fiscal Note

2008 General Session

State of Utah

State Impact

Enactment of this Legislation will require an ongoing General Fund appropriation of \$3,800 and a one-time appropriation of \$700 to the Department of Health for costs associated with the advisory committee (\$4,500 total fund in FY 2009 and \$3,800 total fund in FY 2010).

	FY 2008	FY 2009	FY 2010	FY 2008	FY 2009	FY 2010
	<u>Approp.</u>	<u>Approp.</u>	<u>Approp.</u>	<u>Revenue</u>	<u>Revenue</u>	<u>Revenue</u>
General Fund	\$0	\$3,800	\$3,800	\$0	\$0	\$0
General Fund, One-Time	\$0	\$700	\$0	\$0	\$0	\$0
Total	\$0	\$4,500	\$3,800	\$0	\$0	\$0

Individual, Business and/or Local Impact

Enactment of this bill likely will not result in direct, measurable costs and/or benefits for individuals, businesses, or local governments.
